

Center For Plastic Surgery, Dell P. Smith, M.D., F.A.C.S.

Patient's Bill of Rights and Responsibilities

The Center For Plastic Surgery is regularly inspected and conforms to guidelines of the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF). It is the policy of our doctors, nurses and other medical staff members to respect your individuality, dignity and privacy, and to make your stay as pleasant as possible. As a patient at The Center For Plastic Surgery, you have rights that protect your interests. You also have responsibilities to help us to provide you with efficient, care of high quality. Together, these rights and responsibilities provide the basis for a positive, mutually beneficial patient-physician relationship. A copy of this policy is posted in the reception area and a copy can be obtained upon request.

Your Rights

1. You have the right to excellent medical care and treatment without regard to race, color, religion, sex, sexual preference, national origin, handicap or source of payment.
2. You have the right to good care and high professional standards that are continuously maintained and reviewed.
3. You have the right to be addressed properly, to be heard when you have a question or need more information, and to be given an appropriate and helpful response. You will be provided with an interpreter, if possible, so that language differences are not a barrier.
4. You have the right to good health care management techniques that make the most effective use of your time and still provide for your comfort and convenience.
5. You have the right to a high degree of privacy. Case discussions, consultations, examinations and treatment plans are confidential and will be conducted discreetly. When you are examined you are entitled to know what role any observer may have in your care. You may request that any observer not required for your care leave the examination area.
6. At the Center For Plastic Surgery, your records are confidential, and no person or agency beyond those caring for you is permitted access to this information without your permission. However, you have the right to request access to all information in your medical record unless specifically restricted by your attending physician for medical reasons or as prohibited by law. You have a right to receive a full and prompt explanation regarding any such restriction.
7. You have the right to know the name of the physician who is responsible for your care, to talk with that doctor and any others who give you care. You have the right to know who will perform any test or operation.
8. You have the right to receive full information in layman's terms concerning your medical problems, the planned course of treatment, a full explanation of procedures and tests and the prognosis, or medical outlook for your future. This includes information about alternative treatments and possible complications. You have the right to receive adequate instruction in self-care, prevention of disability and maintenance of your health. You have the right to ask our doctors any other relevant questions about your health. When it is not medically advisable to give the information to you, it will be given on your behalf to your family or significant other.
9. You have the right to refuse any particular procedure or treatment. Before any test or other procedure is performed, you may be asked to sign a form giving your consent. If you are unable to give informed consent, a responsible person may do so for you. You have the right to receive information from the doctor that is necessary for you to give informed consent prior to the start of any procedure or treatment. Except in emergencies when procedures must be implemented without unnecessary delay, such information should include the specific risks, the probable time that you will be incapacitated, and what alternatives there may be to the procedure or treatment that the doctor has proposed. If you refuse to give consent to a procedure or treatment, you have the right to receive any help that The Center For Plastic Surgery can offer under the circumstances.
10. You or, if you are unable to give consent, a responsible person, has the right to be advised when your physician is considering you as part of a medical research program or donor program. You, or a responsible person, must give informed consent prior to participation in the program. You have the right to refuse to continue in a program to which you have previously given informed consent.
11. You have the right to expect that this practice will provide a mechanism whereby you are informed upon discharge of your continuing health care requirements and the means for fulfilling them. Also, if there is a need to transfer you to another health care facility, you have the right to be told the reasons and whether there may be any alternatives to such transfer.
12. You have the right to expect emergency procedures to be implemented without unnecessary delay.
13. You have the right to assistance in obtaining consultation with another physician at your request and your own expense.
14. You have the right to examine and receive a detailed explanation of your bill.
15. All of our patients have the right to be informed of these rights at the earliest possible moment in the course of their medical care.

Patient Responsibilities

1. While practicing at the Center For Plastic Surgery your physician is obligated to exercise good medical judgment in order to help you. It is your responsibility to cooperate in the treatment program that your doctor specifies.

2. It is your responsibility to ask questions immediately if you do not understand instructions concerning your health or if you feel you cannot follow the instructions.
3. It is your responsibility to keep all scheduled appointments, or to contact the office when you cannot keep an appointment.
4. It is your responsibility to bring with you information about past illnesses, hospitalizations, medications and other matters relating to your health.
5. You are expected to show consideration for the privacy and comfort of other patients and medical personnel and to assist in the control of noise. You are also expected to be respectful of the property of other persons, and the property of The Center For Plastic Surgery.
6. Duly authorized members of your family are expected to be available to office personnel for review of your treatment in the event you are unable to communicate with the physicians or nurses.
7. Your care may involve sedation, analgesia or anesthesia. You have a responsibility to help us reduce your risk of injury by following the safety guidelines provided by our medical staff.
8. You have a responsibility to provide information necessary for insurance processing of your bills, to be prompt about payment of your bills and to ask any questions you may have concerning your bills.

If you are concerned about or displeased with any aspect of your care, we ask that you discuss the problem with the Director of the Center For Plastic Surgery. Communication between you and our team is an important element in good health care. Suggestions or comments you make following discharge are appreciated.